

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/567,535
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND. DEP.		IND. DEP.		IND. DEP.			IND. DEP.		IND. DEP.		IND. DEP.		
	1	1	1	1	1	1		1	1	1	1	1	1	1
1	1						51	1						
2		1					52	1						
3		1					53	1						
4		1					54	1						
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44		1					94							
45		1					95							
46		1					96							
47		1					97							
48	1						98							
49							99							
50							100							
TOTAL IND.		↓		↓		↓	TOTAL IND.	3	↓		↓		↓	
TOTAL DEP.		←		←		←	TOTAL DEP.	53	←		←		←	
TOTAL CLAIMS		████████		████████		████████	TOTAL CLAIMS	56	████████		████████		████████	

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